

CLAIMS ONLY

Application Number

**Filing Date**

Applicant(s)

CLAIMS	AS FILED 3127106		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
1	1						51						
2		1					52						
3							53						
4							54						
5		1					55						
6							56						
7		1					57						
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19	1						69						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	18						Total Depend						
Total Claims	20						Total Claims						